SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOR LINE NUMBER:					PAGE 227 OF				350		
Use separate schedule(s)	(che	(check only one)										
for each category of the Detailed Summary Page	X	11a		11b		11c		12				
		13		14		15		16		17		

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NAME OF COMMITTEE (In Full)	e name and address of any political committee to ne American Association of Orthop	
Full Name (Last, First, Middle Initial) Graham Newson Mailing Address 317 Massachusetts Ave NE 1st Floor City Washington FEC ID number of contributing federal political committee. Name of Employer American Academy of Orthopaedic Surg Receipt For: Primary General Other (specify)	State Zip Code DC 20002-5769 C Occupation Director, Office of Goverment Relation Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 29 2016 Transaction ID: 7945108 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Stephen R Southworth MD Mailing Address 1080 Quail Creek City Tupelo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MS 38801 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 03 08 2016 Transaction ID: 7945597 Amount of Each Receipt this Period 1000.00 Memo Item
Full Name (Last, First, Middle Initial) Patricia A Kolowich MD Mailing Address 20570 Woodcreek Blvd City Northville FEC ID number of contributing federal political committee. Name of Employer Henry Ford Hospital Receipt For: Primary General Other (specify)	State Zip Code MI 48167 C Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 03 08 2016 Transaction ID: 7945598 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u>*</u>	1750.00